

ORIGINAL APPLICATION FOR DRIVER EDUCATION INSTRUCTOR CERTIFICATE

Certificate Number	
Approved by:	Date:

An individual may not provide instruction (classroom or behind-the-wheel)
for any driver education provider before the instructor certificate has been issued.

INSTRUCTIONS FOR APPLICANT: Fill in all of the requested information. Sign and date the form, and return it with the required application processing fee and supporting documentation. A copy of the instructor certificate must be given to each provider where the instructor is employed.

Name: Last	First	Middle	Date of Birth
Street Address			City, State, Zip
Driver License Number	State of Licensure	E-mail Address	Home Phone ()

What type of program(s) are you qualified to teach?

- ☐ Teen (14.8-18) ☐ Adult (18+) ☐ Truck

If teaching teens, attach a copy of college or university transcript verifying the successful completion of required driver education coursework.

Have you ever been previously licensed as a driver education instructor in Michigan or any other state?

- ☐ Yes ☐ No If **YES**, please provide instructor certificate (license) number and state of licensure.

Have you ever been refused the issuance of a provider or instructor certificate (license), or had a provider or instructor certificate (license) revoked or suspended in Michigan or any other state?

- ☐ Yes ☐ No If **YES**, give complete details on a separate sheet.

Have you ever been arrested or convicted of a crime?

- ☐ Yes ☐ No If **YES**, give complete details on a separate sheet. Include the arresting police agency, court of jurisdiction, conviction (if applicable), date of conviction, and case number (if known).

SIGNATURE AND CERTIFICATIONS

Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.

- I hereby grant the licensing authority in any state or jurisdiction permission to release information concerning any previous certification (license) applications, certification (license) history, and disciplinary actions or sanctions to the Secretary of State.
- I stipulate and agree that any legal process affecting me, served on the Department of State, shall have the same effect as if personally served on me. I agree that this appointment shall remain in force as long as I have any outstanding liability within this state by authority of 2006 PA 384.
- I hereby certify that I do not have a pending criminal matter or an outstanding arrest, warrant, or conviction since submitting a request for my criminal history check.
- I authorize the Department of State to receive and review my criminal history obtained from the Michigan State Police and the FBI. I understand that the cost of the criminal history check is my responsibility.
- I hereby certify that the statements contained in this application are true to the best of my knowledge and belief.

Printed Name

Signature

Date

Return with application:

- Check or money order for \$45 made payable to **State of Michigan**.
- Medical Examination Report (signed within the past 90 days).
- TEEN INSTRUCTORS ONLY:** A copy of college or university transcript verifying successful completion of required driver education coursework.

Criminal history check (Livescan) results will be forwarded to the Department of State by the Michigan State Police.

Mail application, fees, and supporting documentation to:

Michigan Department of State
Licensing Unit
Lansing, MI 48918

DEPARTMENT USE ONLY